

Note: To fill out the forms in this PDF packet on you computer before printing, complete this Data Form **and** the top of the next form first, then review the remaining documents to verify data inserted properly.



## Employee Information

Complete this form entirely to begin the enrollment process as an employee in the self-direction program. Completion of this form does not constitute a hiring by the employer.

PARTICIPANT INFORMATION	
Full Name	ID/Last 4 of SSN

EMPLOYER INFORMATION	
Full Name	ID/Last 4 of SSN

EMPLOYEE (APPLICANT) INFORMATION			
First Name	Middle Name	Last Name	
Social Security Number	Email ( <b>REQUIRED</b> )	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you share a residence with the participant? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify who owns or rents the residence: _____			
Physical Address (Street Address, Including Apt. #, CANNOT BE A PO BOX)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>			
City	State	Zip	County
Phone1	Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail	

\_\_\_\_\_  
**Employee Printed Name**

\_\_\_\_\_  
**Employer Printed Name**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**